Recital Hearing Form

Date: 

Student Name: 

Faculty sponsor: 

This recital is (select one): 

- [ ] Required SR (MUSO 4970)
- [x] Required JR (MUSO 3970)
- [ ] Elective

Semester of recital (Spring/Fall): ___________________ Year ____________

Major (select one): 

- [ ] Performance
- [ ] Musical Arts
- [ ] MA5

Instrument: 

Proposed date for recital: ____________________

List repertoire approved for this recital performance:

__________________________________________

__________________________________________

__________________________________________

COMMITTEE APPROVAL:

The above student:

- [ ] Passed the hearing
- [ ] Did not pass the hearing; please indicate date of new hearing: ____________

The recital date shown above is: (check one):

- [ ] Correct
- [ ] Changed to new date: ____________________

Committee Signatures: __________________________________________

Please return to the Blair Registrar